

Six focus groups were held throughout Arizona in preparation for the Chronic Disease Disparities in Arizona conference. What follows is a transcription of the recommendations from those groups. These recommendations will be addressed and further developed in both the Thursday afternoon and Friday morning community sessions. The complete transcripts will soon be made available on the conference website, www.azdhs.gov/hsd/conf.htm.

Outreach, Public Education and Prevention

Outreach

- Increase number of promotores/community outreach workers
- Speak the right message to the right audience
- Funding for food at Indian events positively impacts attendance/incentives
- Advocates successful with case management approaches/support groups
- Messages and outreach need to be age specific
- Need to find ways for black community to locate each other (newspapers, etc.)
- Improve the way people are treated when they apply for services

Education

- Educate community on resources
- Medical interpreter training
- Create opportunities and occasions for community to gather (educate, etc.)
- Native Americans need to be educated about using dual health plans
- Printed materials are useful when shared in one and one sessions
- Influence activities within the home: education, awareness, support
- Have someone from same race/gender explain statistical information (adds credibility), identify key points behind statistics
- It is important that people “ask” not assume what is needed within the community
- Cultural sensitivity training for medical professionals
- UA Medical School should offer more training on cultural competency like the College of Public Health does

Prevention

- Identify kids at risk for diabetes and cardiovascular disease and begin aggressive prevention
- More prevention (and health foods) needed in schools; involve school nurses
- Community education on prevention
- Create activity programs that are also fun (like dancing)
- Work with Department of Education to improve food at schools (provide healthier options for kids to eat)
- More PE and school lunch programs
- Use more team management with chronic disease like diabetes

Collaboration and Community mobilization

- Program collaboration – too much is in “silos”
- Coordinate efforts in the community (grassroots, government, etc.)
- State government should link with local community grassroots organizations to reach community
- There needs to be more representation from PIMC
- It is really appreciated when State staff attends NA events
- The City of Phoenix needs to be represented/urban planning plays large role in availability of decent foods, health resources, etc.

Health Disparities Focus Groups

- Incorporate programs that are in the community, e.g. “Choices” by Dr. Underwood focuses on African Americans
- Bring back “grassroots” health planning like we had in the 1970’s: state health plan was created as a roll-up from communities
- Encourage schools to allow speakers from AA and other substance abuse approaches
- The Gay Health movement is so heavily focused on HIV. Need more focus on other health issues like chronic disease. National media focuses on HIV, but the community has moved away. That sense of fatalism is there.

Public Policy (Access, data and quality of care)

Access

- Explore van system to improve transportation and access to care
- Increase # of physicians who take AHCCCS patients
- Address the needs of single mothers in poverty
- People feel unsafe in current political environment . Must be safe before we can address overall health issues.
- Explore funding to reinstate “Wellness on Wheels” mobile health clinic (Yavapai)
- Start community support programs for kids – connect homes
- Prescription inequity needs to be addressed
- Pharmacy services need to be assessed and changed
- Expand Verde Valley Emergency Medication Program; it’s making a difference
- Develop a universal form for all AHCCCS and DES program
- Environmental dangers greater in So. Tucson than the Foothills area; poorer neighborhoods shouldn’t be exposed to high risk
- Access to health care shouldn’t be based on ability to pay; need affordable medications.
- Need safe places where new immigrants can get health care without fear

Data

- Use same ethnic/racial group as reference group, i.e. compare Hispanic females to other Hispanic females not white females
- “Hispanic” or “Latino” too general; don’t compare Mexicans to Puerto Ricans
- Use economic status to determine disparities

Quality

- Improve customer service in DES/AHCCCS eligibility process
- Expand efforts where programs have been successful
- Planning and research needs to involve consumers.
- Need state to provide more information on programs that work